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HOGAN & HARTSON L.L.P.

APR 19 2006

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TO: U.S. Patent and Trademark Office
Examiner: Douglas M. Menz
Art Unit: 2891DATE: April 19, 2006FROM: Troy M. Schmelzer

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 4

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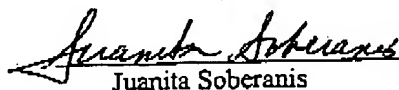
MESSAGE:

Patent Application No.: 10/803,192; Our Ref. 81754.0111

I hereby certify that the following documents:

- ☒ Response to Restriction Requirement
☒ Amendment Transmittal Letter

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

April 19, 2006
Date of Deposit
Juanita SoberanisTELECOPY/FAX NUMBER: (571) 273-8300 ART UNIT 2891CLIENT NUMBER: 81754.0111ATTORNEY BILLING NUMBER: 73212CONFIRMATION NUMBER: (return fax to Juanita Soberanis)

Appl. No. 10/803,192
Reply dated April 19, 2006
Office Action dated March 23, 2006

Atty. Ref. 81754.0111
Customer No. 26021

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APR 19 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Takayoshi OBINATA
Serial No. 10/803,192
Confirmation No. 5117
Filed: March 17, 2004
For: Semiconductor Wafer, Semiconductor
Device, Method for Manufacturing the
Semiconductor Device, Circuit Board, and
Electronic Apparatus

Art Unit: 2891

Examiner: Menz, Douglas M.

I hereby certify that this correspondence
is being transmitted via facsimile to
(571) 273-8300:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
April 19, 2006
Date of Deposit
Name Juanita Soberanis
Signature *Juanita Soberanis* 04/19/2006
Date

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the office action dated March 23, 2006, setting forth restriction requirements.

In response to the restriction of invention requirement, applicant elects the invention of Group I, claims 1-8 and 13-18, drawn to a device. In response to the restriction of species requirement, applicant elects the Species II. Claims 4-8 and 14-18 are readable on the elected species.

Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: April 19, 2006

By: *Troy M. Schmelzer*

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Phone: 213-337-6700
Fax: 213-337-6701

Apr-19-06

15:55

From-Hogan & Hartson L.L.P. Los Angeles, CA

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T-194 P.003/004 F-525

FORM PTO-1083

APR 19 2006

Attorney Docket No. 81754.0111
Customer No. 26021

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Confirmation No: 5117

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Alexandria, VA 22313-1450 on
April 19, 2006
Date of Deposit
Juanita Soberanis
Name
Signature
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | ADD'L FEE DUE |
|--|---|---|---|-------------------------------|-------------------------------|------------------|
| TOTAL CLAIMS FEE | 20 | - | 20 | 0 | LG=\$50 SM=\$25 \$50 | \$ 0 |
| INDEPENDENT CLAIMS FEE | 3 | - | 3 | 0 | LG=\$200 SM=\$100 \$200 | \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | | \$ |
| ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) | | | | | | \$ |
| | | | | | | \$ |
| TOTAL | | | | | | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$_____ to cover the additional claims fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☐ Please charge the amount of \$_____ to cover the extension fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: April 19, 2006

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

FORM PTO-1083

Attorney Docket No. 81754.0111

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April 19, 2006

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Juanita Soberanis

Name

Signature

Date 4/19/2006

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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|--|---|---|-------------------------------|--|------------------|
| TOTAL CLAIMS FEE | 20 | 20 | 0 | LG=\$50 SM=\$25 | \$ 0 |
| INDEPENDENT CLAIMS FEE | 3 | 3 | 0 | LG=\$200 SM=\$100 | \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180 | \$ |
| ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) | | | | \$250 FOR EACH ADDITIONAL 50 SHEETS | \$ |
| TOTAL | | | | | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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HOGAN & HARTSON L.L.P.

By:

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Attorney for Applicant(s)

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